STATE OF MONTANA OFFICE OF THE STATE PUBLIC DEFENDER

Contract Attorney Summary Claim Form NON-CONFLICT CASES

Name of Claimant			Vendor ID #			
number and document dat any pre-approved costs. O for conflict and appellate c case number and attached Claimant must submit a ma cases that you have closed case is open. Submit this	tach an itemized invoice to res, time spent, rate of pay, PD case ID numbers are a ases. All travel expenses red to this claim form. Monthly onthly claim by the 10th of the CO or withdrawn (W) from claim to the Regional Delignature. We cannot acce	and a descript ssigned by the sported on this y office expens the month follo n on this form, puty Public D pt faxes or sign	tion of the ac Regional Of claim are to se stipends a wing the mon whether or n efender that	tivity. Attach a confice. Separate so be detailed on a re to be be listed in which continued assigned the mps.	copy of the pre-ap summary forms m a travel expense v d as the last line it sts were incurred. g for this period.	proval notice for ust be prepared oucher form by tem on the form. Please note all inter (O) if the
Note: Claims submitted more than 45 days from the last day of the month of service will be denied.						
Client Name	OPD-Assigned Case ID #	Open (O) Closed (C) or Withdrawn (W) Case?	Hours Worked	Total Fees	Total Costs (including Travel)	Total Fees & Costs
TOTALS						
TOTALS The undersigned Counsel certifies that the cases listed, expenses claimed and the times reported are true and accurate.						
The undersigned Co	ounsel certifies that the case	s listed, expen	ses claimed a	and the times re	ported are true an	d accurate.
Attorney's Signature/Date	of Submission		-			
Regional Deputy's Approva		Contract Manager's Approval/Date Approved				

Signatures above certify that all costs in excess of \$200 have been pre-approved.

STATE OF MONTANA OFFICE OF THE STATE PUBLIC DEFENDER

Contract Attorney Summary Claim Form NON-CONFLICT CASES

OPD CAN 7/03/08